

Please return this completed form by:

EMAIL : cscupdates@sage.com

FAX : (703) 991 – 5374

MERCHANT INFORMATION

(PLEASE NOTE: If you accept other types (i.e. Amex) you must notify the respective company of the change.)

MERCHANT ID

CONTACT NAME

DBA NAME

PHONE

LOCATION ADDRESS, CITY, STATE, ZIP CODE (+ 4)

REQUESTED ACCOUNT CLOSURE DATE

UPON TERMINATION OF THIS AGREEMENT BY MERCHANT, DURING THE INITIAL TERM OR RENEWAL TERM, MERCHANT SHALL PAY TO SAGE PAYMENT SOLUTIONS A TERMINATION FEE EQUAL TO AMOUNT STATED IN MERCHANT AGREEMENT TERMS AND CONDITIONS.

Effective _____, please cancel my **Credit-Card Processing Account** with Sage Payment Solutions, **OR**

ENTER DATE AS MM/DD/YYYY

Effective _____, please cancel my **EFT / Virtual Check Account** with Sage Payment Solutions

ENTER DATE AS MM/DD/YYYY

REASON FOR ACCOUNT CLOSURE

(Select the reason best describing why you are closing your account (SELECT ONLY ONE).)

- | | | |
|---|--|---|
| <input type="checkbox"/> CLOSING ALL BUSINESS LOCATIONS | <input type="checkbox"/> DUPLICATE ACCOUNT
<small>(Please list Merchant ID's for open accounts below)</small> | <input type="checkbox"/> SOLD BUSINESS / NEW OWNERS |
| <input type="checkbox"/> DISCOUNT / PRICING ISSUES | <input type="checkbox"/> EQUIPMENT / PRODUCT ISSUES | <input type="checkbox"/> FUNDING CHARGEBACK ISSUES |
| <input type="checkbox"/> NOT HAPPY WITH SERVICE LEVELS
<small>(Customer Service)</small> | <input type="checkbox"/> NOT ENOUGH CREDIT CARD BUSINESS | <input type="checkbox"/> CHANGED PROCESSOR |
| <input type="checkbox"/> SALES REPRESENTATIVE / OFFICE | <input type="checkbox"/> STATEMENTS DO NOT ARRIVE IN A TIMELY MANNER | |
| <input type="checkbox"/> OTHER <small>(Please explain)</small> | | |

WHAT COULD SAGE PAYMENT SOLUTIONS HAVE DONE TO CONTINUE SERVING YOUR PROCESSING NEEDS?

SIGNATURE AND ACCEPTANCE

I understand that my deposit account will continue to be billed monthly fees until receipt of the completed closure form. My account may also be debited for any outstanding processing fees, as well as a termination fee if applicable. I understand future chargebacks, if any, will also be debited from my deposit account.

Your accounts will be closed by the end of the month if received five (5) business days prior to the last day of the month.

BY SIGNING BELOW I CERTIFY THAT I AM THE OWNER (IF PRIVATELY OWNED) OR THE AUTHORIZED OFFICER (IF INCORPORATED) AND HAVE THE AUTHORIZATION TO TERMINATE THIS ACCOUNT.

I ALSO CERTIFY THAT ALL STATEMENTS INCLUDED IN THIS CANCELLATION FORM ARE TRUE AND BINDING, AND THAT THE SALES REPRESENTATIVE AND/OR COMPANY THAT ORIGINALLY SOLD ME SAGE'S MERCHANT PROCESSING HAS NOT SOLICITED OR SOLD TO ME PROCESSING FROM A COMPETITOR OF SAGE

X

SIGNATURE (MUST BE SIGNATORY ON FILE)

X

SIGNER'S NAME (PLEASE PRINT)

X

SIGNATURE (MUST BE SIGNATORY ON FILE)

X

SIGNER'S NAME (PLEASE PRINT)

X

SIGNER'S TITLE (PLEASE PRINT)

X

DATED

MERCHANT ID'S FOR ACCOUNTS TO REMAIN OPEN

